

New Hampshire BET and BPT Proprietorship Test Case 2 - 2018

This test case is of a Single Member Limited Liability Company filing as a proprietorship at the federal level. Please see excerpts below from the Modernized e-File Handbook. The taxpayer will be filing Business Enterprise Tax and Business Profits Tax Return for a business enterprise/organization doing business within NH only. The taxpayer utilizes an NOL Deduction requiring Form DP-131-A and DP-132. The taxpayer utilizes BET credits and other credits, therefore Form DP-160, Schedule of Credits is required. The amounts reported are carried over from the Federal Form 1040 and supporting schedules (not included in this test scenario). The tax due is \$9,408 prior to application of payments in the amount of \$13,000 resulting in an overpayment of \$3,592.

Federal Forms: Not included

New Hampshire Form(s): BT-SUMMARY, BET, NH-1040, Schedule IV, DP-131-A, DP-132, and DP-160.

Taxpayer:

ZZZZ LLC

123 MAIN ST

LACONIA, NH 03246

SSN: TAXPAYER: NL-0099999

Filing Status/Entity Type: PROPRIETORSHIP

Other: Overpayment of \$2,809 - \$2,000 credit to next year's tax liability and a requested refund of \$1,592. No electronic funds transfer available.

Modernized e-File Handbook

Special Instructions for Single Member Limited Liability Companies (SMLLC) Filing Business Enterprise Tax and Business Profits Tax as Proprietorships

Pursuant to RSA 77-A:1, I every business organization must file as a separate entity form that of its owner/member, even in cases where the Federal filing of the SMLLC reports its items of income and expense on the return of the owner. In addition to filing as an entity separate from its owner/member, the SMLLC must file its NH returns using a unique identification number not shared or used by any other taxpayer. This will not be the members Social Security Number (SSN), but rather a Federal Employer Identification Number (FEIN) or an assigned Department Identification Number (DIN). SMLLCs filing as proprietorships will file under the manifest type of a partnership in accordance with Section 7.0 (see

Business Rule NHBTO-014) and Form NH-1040 must be present. In addition SMLLCs using a DIN will need to provide a FEIN or SSN for processing purposes only. Individuals (not SMLLCs) filing as proprietorships with an SSN will file under the manifest type of an individual in accordance with Section 7.0 (see Business Rule NHBTO-014) and Form NH-1040 must be present.

Expected values for the State Submission Manifest

<u>Form</u>	<u>Tax Type/Category</u>	<u>Submission Type</u>	<u>Tax Year</u>
BT-SUMMARY	Proprietorship (Individual)	FormBTSUMIND	2018
BT-SUMMARY	Proprietorship (SMLLC)	FormBTSUMPART	2018

DO NOT STAPLE



New Hampshire Department of Revenue Administration

2018 BT-SUMMARY



BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

For the CALENDAR year 2018 or other taxable period beginning: 0 1 0 1 2 0 1 8 and ending: 1 2 3 1 2 0 1 8

Check box if there has been a name change since last filing. List former name.

Empty text box for former name

Proprietorship Last Name

Empty text box for Proprietorship Last Name

First Name

MI

Social Security Number

Empty text boxes for First Name, MI, and Social Security Number

Spouse's Last Name (If property jointly owned)

Empty text box for Spouse's Last Name

First Name

MI

Social Security Number

Empty text boxes for Spouse's First Name, MI, and Social Security Number

Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

ZZZZ LLC

Taxpayer Identification Number

Principal Business Activity Code (Federal)

N L 0 0 9 9 9 9 9

Empty text box for Principal Business Activity Code

Number & Street Address

123 MAIN ST

Address (continued)

Empty text box for address continuation

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

LACONIA

NH

0 3 2 4 6

STEP 2 - Return Type and Federal Information

If "yes" to the first two questions you must complete this BT-SUMMARY or your return will be considered incomplete and may be subject to penalties.

Are you required to file a BET Return (Gross Business Receipts over \$208,000, or Enterprise Value Tax Base over \$104,000)?

X Yes No

Are you required to file a BPT Return (Gross Business Income over \$50,000)?

X Yes No

Do you file a Form 990/990T?

Yes X No

Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box 12b on Schedule B of Federal Form 1065?

Yes X No

OR 2 - CORPORATION

3 - PARTNERSHIP

X 1 - PROPRIETORSHIP

AMENDED RETURN

2 - COMBINED GROUP

5 - NON-PROFIT

4 - FIDUCIARY

FINAL RETURN

Check here if the IRS has made any agreed or partially agreed to adjustment(s) for any federal income tax return, which adjustment(s) has not been previously reported to New Hampshire. Do not use this form to report an IRS adjustment.

Enter Years Covered by IRS (MMYYYYMMYYYY)

Empty text box for years covered by IRS

Check Appropriate Box:

Payment Required Refund Request Credit Next Year's Tax Liability No Payment Required

BT-SUMMARY 2018 Version 1.1 7/2018

Do not use this form to report an IRS adjustment. See Step 2 instructions.



BUSINESS TAX RETURN SUMMARY - Continued

Under penalties of perjury, I declare that I have examined this BT-Summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

TAXPAYER'S SIGNATURE & INFORMATION

Signature (in ink)

MMDYYYY

0	4	1	9	2	0	1	9
---	---	---	---	---	---	---	---

Signature (in ink)

MMDYYYY

--	--	--	--	--	--	--	--

Print Signatory Name & Title

MANAGING MEMBER

Email Address

MM@ZZZZLLC.COM

Phone Number

6	0	3	2	3	0	5	0	0	0
---	---	---	---	---	---	---	---	---	---

Check this box if you are filing as a surviving spouse

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

MMDYYYY

0	4	1	9	2	0	1	9
---	---	---	---	---	---	---	---

Printed Name of Preparer

JAMES DORE

Email Address

JDORE@PREPARER.COM

Phone Number

6	0	3	5	5	5	1	2	1	2
---	---	---	---	---	---	---	---	---	---

Preparer Identification Number

4	5	6	1	2	6	7	8	9
---	---	---	---	---	---	---	---	---

Preparer's Address

31 PREPARERS COURT

Address (continued)

BLDG 2A

City / Town

CONCORD

State

NH

Zip Code + 4 (or Canadian Postal Code)

0	3	3	0	1	-	1	2	3	4
---	---	---	---	---	---	---	---	---	---

MAIL TO: NH DRA
PO BOX 637
CONCORD NH 03302-0637

Make Check Payable to:
STATE OF NEW HAMPSHIRE



BUSINESS ENTERPRISE TAX RETURN

Taxpayer Name

ZZZZ LLC

Taxpayer Identification #

N L 0 0 9 9 9 9 9

MMDDYYYY

For the CALENDAR year **2018**
or other taxable period beginning: 0 1 0 1 2 0 1 8

MMDDYYYY

and ending: 1 2 3 1 2 0 1 8

You are required to file this return if the gross business receipts were greater than **\$208,000** or the enterprise value tax base is greater than **\$104,000**.

Check here if required to file Form BET-80

Round to the nearest whole dollar

Total Gross Business Receipts for this business organization

5 6 6 1 1 1 0 0 0

1. Dividends Paid	1								
2. Compensation and Wages Paid or Accrued	2								
3. Interest Paid or Accrued	3			2	2	4	9	7	5
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4			2	2	4	9	7	5
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .00675) before credits	5					1	5	1	8
6. Enter credits against BET. Use DP-160 to determine credit against BET	6						5	7	7
7. Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Report on BT-SUMMARY Line 1(a)	TAX DUE 7						9	4	0

BET CREDIT WORKSHEET

1. Business Profits Tax (BPT) from BPT Return, Line 18 NH-1120-WE, Line 10 all other forms.	1								2	7	0	8	6
2. Sum the amounts from Lines 3 through 8, Column B plus other credits applied from Form DP-160 part B, not to exceed the amount on Line 1. Include the result on the BPT return, Line 19(a) NH-1120-WE or Line 11(a) all other forms. If other credits are applied, include result on BPT return, Line 19(b) NH-1120-WE, Line 11(b) all other forms.						2	7	0	8	6			
Use carry forward amounts in the following order for this taxable period		A		B		C							
		Apply Credits Here		Sum of Credit to BPT		Excess Credits							
3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.		1	1	3	5	8							
4. Carry over BET from fifth prior taxable period		1	5	4	1								
5. Carry over BET from fourth prior taxable period		1	6	5	4								0
6. Carry over BET from third prior taxable period		1	7	1	1								0
7. Carry over BET from second prior taxable period		1	6	5	5								0
8. Carry over BET from first prior taxable period		1	8	4	5								0



BUSINESS PROFITS TAX RETURN

USE FORM DP-87 TO REPORT IRS ADJUSTMENTS

Proprietor's Name / Business Organization Name

ZZZZ LLC

Taxpayer Identification #

N L 0 0 9 9 9 9 9

For the CALENDAR year **2018**
or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 8

MMDDYYYY

and ending: 1 2 3 1 2 0 1 8

1 GROSS BUSINESS PROFITS Each business organization must file a separate return.		Round to the nearest whole dollar									
1(a)	Net profit or loss reported on proprietor Federal Schedule C, Line 31	1(a)		2	6	7	2	2	4		
1(b)	Net rental profit or loss reported on Federal Schedule E, Line 21	1(b)				3	6	8	5		
1(c)	Net farm rental profit or loss reported on Federal Form 4835, Line 32	1(c)									
1(d)	Net farm profit or loss reported on Federal Schedule F, Line 34	1(d)									
1(e)	Net gain or loss from the sale of business assets reported on Federal Form 4797, Lines 2(g), 3, 5, 10(g), 14, 16 and 30	1(e)				6	5	9	2	4	
1(f)	Net gain or loss from sale of investment assets used in business activity reported on Federal Schedule D, Lines 1(h), 2(h), 3(h), 8(h), 9(h) and 10(h)	1(f)									
1(g)	Installment sale gains from the sale of business assets recognized during the period on Federal Form 6252, Line 24	1(g)									
1(h)	Other net business income (attach schedule) attributable to this business organization as adjusted accordingly from Federal Form 1040, Schedule B	1(h)									
1(i)	Other business income attributable to this business organization as adjusted accordingly from Federal Form 1040, Line 21	1(i)									
1(j)	Subtotal Lines 1(a) through 1(i)	1(j)				3	3	6	8	3	3
2 INCREASE or DECREASE TO GROSS BUSINESS PROFITS TO RECONCILE WITH IRC PURSUANT TO RSA 77-A:1, XX											
2(a)	Add amount of IRC §179 expense taken on federal return in excess of the amount permitted pursuant to RSA 77-A:3-b, including carryover amounts deducted in this taxable period	2(a)				3	1	6	0	0	
2(b)	Add the amount of bonus depreciation taken on the federal return for assets placed in service this period	2(b)				1	0	0	0	0	
2(c)	Add any other deductions taken on the federal return that need to be eliminated or adjusted pursuant to RSA 77-A:1, XX and 77-A:3-b, III <input checked="" type="checkbox"/> Check here and attach Schedule IV	2(c)				6	0	0	0		
2(d)	Deduct regular depreciation related to IRC §179 and bonus depreciation not allowed for this taxable period or for prior taxable periods	2(d)				5	0	0	0		
2(e)	Deduct any other items included on the federal return that need to be eliminated or adjusted pursuant to RSA 77-A:1, XX <input checked="" type="checkbox"/> Check here and attach Schedule IV	2(e)				1	0	0	0	0	
2(f)	Increase or Decrease the net gain or loss on the sale of assets used in the business that have a different state basis from the tax basis reported on the federal return	2(f)				-	2	0	0	0	0
2(g)	Net Lines 2(a) through 2(f)	2(g)				1	2	6	0	0	
3	Subtotal Line 1(j) adjusted by Line 2(g)	3				3	4	9	4	3	3
4	Separate entity items of income or expense (attach schedule)	4									
5	Gross Business Profits (combine Line 3 and Line 4)	5				3	4	9	4	3	3



0010401831862

BUSINESS PROFITS TAX RETURN ADJUSTMENTS TO GROSS BUSINESS PROFITS

Proprietor's Name / Business Organization Name

ZZZZ LLC

Taxpayer Identification #

N L 0 0 9 9 9 9 9

For the CALENDAR year **2018**
or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 8

and ending:

MMDDYYYY

1 2 3 1 2 0 1 8

NH-1040 continued

6(j) Add Qualified Investment Company (QIC) holders proportional share of QIC profits (RSA 77-A:4, XV)	6(j)													
6(k) Net Lines 6(a) through 6(j)	6(k)					-	6	5	7	4				
7 Adjusted Gross Business Profits (sum of Lines 5, and 6(k))	7					3	4	2	8	5	9			
8 New Hampshire Apportionment (If other than 100%, complete Form DP-80 BPT Apportionment Schedule Enter percentage from Form DP-80, Line 5)						0	1	.	0	0	0	0	0	0
						Exempt under P.L. 86-272			8					
9 New Hampshire Taxable Business Profits (Line 7 multiplied by Line 8. If negative, enter zero)	9					3	4	2	8	5	9			
10 Compute tax (Line 9 multiplied by 7.9%)	10					2	7	0	8	6				
11(a) BET Credit only - attach BET Credit Worksheet	11(a)													
-OR-														
11(b) Other credits including BET (attach Form DP-160)	11(b)					2	7	0	8	6				
12 New Hampshire Business Profits Tax Net of Statutory Credits (Line 10 minus Line 11(a) or 11(b), as applicable, cannot be less than zero) Report on BT-Summary, Line 1(b)	12													



OTHER INTERNAL REVENUE CODE RECONCILING ADJUSTMENTS

Business Organization Name

ZZZZ LLC

Taxpayer Identification #

N L 0 0 9 9 9 9 9

For the CALENDAR year **2018**
or other taxable period beginning:

MMDYYYYY

0 1 0 1 2 0 1 8

and ending:

MMDYYYYY

1 2 3 1 2 0 1 8

This form must be completed by any business organization reporting any amounts on Lines 2(d) or 2(f) of Form NH-1120; Lines 10(d) or 10(f) of Form NH-1120-WE; or Lines 2(c) or 2(e) of Forms NH-1040, NH-1041, or NH-1065. Attach additional sheets if necessary.

PART A - Additions

Detail any amounts included on Form NH-1120 Line 2(d), NH-1120-WE Line 10(d), NH-1040 Line 2(c), NH-1041 Line 2(c), or NH 1065 Line 2(c). The additions should equal amounts reported on the corresponding return.

Report all values as a positive number
Round to the nearest whole dollar

1. Qualified Opportunity Zones	1									1	0	0	0		
2. Tax Act Add-Back 1	2									1	5	0	0		
3. Tax Act Add-Back 2	3									2	5	0	0		
4. Tax Act Add-Back 3	4											5	0	0	
5. Miscellaneous	5											5	0	0	
6.	6														
7. Total Additions	7											6	0	0	0

PART B - Deductions

Detail any amounts included on Form NH-1120 Line 2(f), NH-1120-WE Line 10(f), NH-1040 Line 2(e), NH-1041 Line 2(e), or NH-1065 Line 2(e). The deductions should equal amounts reported on the corresponding return.

Report all values as a positive number
Round to the nearest whole dollar

1. Global Intangible Low-Taxed Income (GILTI)	1											2	0	0	0		
2. Business Interest	2											3	5	0	0		
3. Research and Experimental Expense	3											1	0	0	0		
4. Like-Kind Exchanges	4											1	5	0	0		
5. Fringe Benefits	5											2	0	0	0		
6.	6																
7.	7																
8. Total Deductions	8												1	0	0	0	0



WORKSHEET FOR APPORTIONMENT OF NET OPERATING LOSS (NOL)

(SEE RSA 77-A:4, XIII)

LINE 1

Enter this tax period's NOL as defined in the United States Income Tax Regulations relative to IRC § 172 in effect pursuant to RSA 77-A:4, XIII. If a gain or zero, **DO NOT** use this worksheet. (Business organizations not qualifying for treatment as a Subchapter "C" Corporation under the IRC should calculate their NOL as if the business organization were a Subchapter "C" Corporation). The line references for each tax year are listed below for your reference. Use the line reference that correspond with the tax year for which this form is being used.

LINE 2

Enter the current tax period's New Hampshire apportionment percentage from Form DP-80, Line 5, expressed to six decimal places.

LINE 3

Enter the amount of Line 1 multiplied by Line 2.

LINE 4

For taxable periods ending from July 1, 2005 to December 31, 2012, \$1,000,000 is the maximum amount that may be carried forward each year,

For taxable periods ending on or after January 1, 2013 forward, \$10,000,000 is the maximum amount that may be carried forward each year.

LINE 5

Enter the lesser of Line 3 or Line 4. This is your New Hampshire NOL available from the current tax period for carryforward. Enter this amount on Form DP-132 or DP-132-WE, Column B.

COMBINED FILERS: Rev 303.03(d) states, with regard to NOLs for combined filers, that each business organization subject to RSA 77-A shall treat its apportioned share of the combined loss amount as a tax attribute that remains with that business organization. The individual member's net operating loss, pursuant to RSA 77-A:4, XIII applied to the individual member's allocated portion of the BPT liability, should be tracked in the event of an individual member's disposition or acquisition.

Business Organization Name

ZZZZ LLC

Taxpayer Identification #

N L 0 0 9 9 9 9 9

For the CALENDAR year **2018**
or other taxable period beginning:

MMDDYYYY

0 1 0 1 2 0 1 7

and ending:

MMDDYYYY

1 2 3 1 2 0 1 7

1 The amount of the current period NOL (See entity type line references below)

1 1 2 0 0

	<u>July 1, 2005 - Tax Year 2010</u>	<u>Tax Year 2011</u>	<u>Tax Year 2012 - Present</u>
Proprietorship:	Line 6 of NH-1040	Line 3 adjusted by Line 4 of NH-1040	Line 5 of NH-1040
Fiduciary:	Line 6 of NH-1041	Line 3 adjusted by Line 4 of NH-1041	Line 5 of NH-1041
Partnership:	Line 5 of NH-1065	Line 3 adjusted by Line 4 of NH-1065	Line 5 of NH-1065
Corporation:	Line 1(c) of NH-1120	Line 3 adjusted by Line 4 of NH-1120	Line 5 of NH-1120
Combined:	Line 1(c) of NH-1120-WE	Line 11(c) of NH-1120-WE	Line 11(c) of NH-1120-WE

2 Current period apportionment percentage from Form DP-80, expressed to six decimal places

2 0 0 1 . 0 0 0 0 0 0

3 Apportionment limitations (Line 1 multiplied by Line 2)

3 1 2 0 0

4 Statutory limitations (See instructions above)

4 1 0 0 0 0 0 0 0 0

5 New Hampshire NOL available for carryforward (the lesser amount of Line 3 or Line 4)

5 1 2 0 0



NET OPERATING LOSS (NOL) DEDUCTION

Business Organization Name

ZZZZ LLC

Taxpayer Identification #

N L 0 0 9 9 9 9 9

MMDYYYY

For the CALENDAR year **2018**
or other taxable period beginning:

0 1 0 1 2 0 1 8

and ending:

MMDYYYY

1 2 3 1 2 0 1 8

	Column A Ending date of taxable period in which NOL occurred.	Column B New Hampshire NOL available for carryforward from DP-131-A	Column C Amount of NOL carry forward which has been used in taxable periods prior to this taxable period	Column D Amount of NOL to be used as a deduction in this taxable period	Column E Amount of NOL to carryforward to future taxable period
1	1 2 3 1 2 0 1 7	1 2 0 0		1 2 0 0	0
2					
3					
4					
5					
6					
7					
8					
9					
10					
11		1 2 0 0		1 2 0 0	0

Line 11 - Total Columns B, C, D, & E (Sum Lines 1 - 10 in each respective column).

The amount of NOL carryforward deducted this taxable period is Column D, Line 11.

This is the amount to be reported on the applicable Business Profits Tax return. This amount cannot reduce New Hampshire Adjusted Gross Business Profits below zero.

NOTE: Column B less Column C should equal the sum of Column D plus Column E.



New Hampshire
Department of
Revenue Administration

2018
DP-160



SCHEDULE OF CREDITS

Business Organization Name

ZZZZ LLC

Taxpayer Identification #

N L 0 0 9 9 9 9 9

For the CALENDAR year **2018**
or other taxable period beginning:

MMDYYYY

0 1 0 1 2 0 1 8

MMDYYYY

and ending: 1 2 3 1 2 0 1 8

APPLICATION OF CREDITS TO BET AND BPT

A. BET Summary of Credits

Round to the nearest whole dollar

1. Coos County Credit Part F, Line 3	1									1	9	5	0
2. ERZ Credit Part D, Line 4	2												
3. ITC Part E, Line 4	3												
4. Subtotal, Add Lines 1, 2 and 3	4									1	9	5	0
5. R&D Part C, Line 3	5												0
6. Education Tax Credit Part G, Line 3	6									3	8	2	8
7. Subtotal (Sum Lines 5 and 6)	7									3	8	2	8
8. Credits against BET that has been paid. Add Lines 4 and 7 (and apply on the BET Return) (BET Credit applicable to BPT, but only if the BET has been paid)	8									5	7	7	8

B. BPT Summary of Credits

Round to the nearest whole dollar

1. R&D Part C, Line 2	1													2	6	0	0	
2. ERZ Credit Part D, Line 3	2																	
3. ITC Part E, Line 3	3																	
4. Coos County Credit Part F, Line 4	4																0	
5. Insurance Premium Tax Part H, Line 2	5																	
6. Education Tax Credit Part G, Line 2	6													4	7	2	2	
7. BET credit (Line 3, Column B of BET Credit Worksheet)	7													1	1	3	5	8
8. Credits applied to BPT Add Lines 1 through 7 (Apply to BPT forms if no BET carryover credit, if BET carryover credit complete Lines 9(a) through Line 9(f))	8													1	8	6	8	0



New Hampshire
Department of
Revenue Administration

2018
DP-160



SCHEDULE OF CREDITS - continued

Business Organization Name ZZZZ LLC	Taxpayer Identification # N L 0 0 9 9 9 9 9
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APPLICATION OF CREDITS TO BET AND BPT (continued)

B. BPT Summary of Credits - continued

		Round to the nearest whole dollar			
9. (a) Carryover BET from fifth prior taxable period (Line 4, Column B of BET Credit Worksheet)	9(a)	1	5	4	1
9. (b) Carryover BET from fourth prior taxable period (Line 5, Column B of BET Credit Worksheet)	9(b)	1	6	5	4
9. (c) Carryover BET from third prior taxable period (Line 6, Column B of BET Credit Worksheet)	9(c)	1	7	1	1
9. (d) Carryover BET from second prior taxable period (Line 7, Column B of BET Credit Worksheet)	9(d)	1	6	5	5
9. (e) Carryover BET from first prior taxable period (Line 8, Column B of BET Credit Worksheet)	9(e)	1	8	4	5
9. (f) BET credit carryover (Sum Lines (a) through (e))	9(f)	8	4	0	6
10. Line 8 plus Line 9(f). Not to exceed current period BPT liability. (Enter on BPT Return, Line 19(b) NH-1120-WE, Line 11(b) all other forms)	10	2	7	0	6

C. Research and Development Credit

		Round to the nearest whole dollar			
1. R&D credit available	1	2	6	0	0
2. R&D must be used against the BPT first	2	2	6	0	0
3. Unused R&D applied to BET	3				0
4. Total credit used this year (Sum Lines 2 and 3)	4	2	6	0	0
5. R&D credit not applied and available for offset in future (Line 1 less Line 4)	5				0

D. Economic Revitalization Zone Tax Credit (ERZ) Beginning for tax years commencing 7/1/07

		Round to the nearest whole dollar			
1. ERZ credit available	1				
2. Carryover credit from a prior year, use earliest first	2				
3. ERZ credit must be used against the BPT first	3				
4. Amount elected to be applied to the BET	4				
5. Total credit used this year (Sum Lines 3 and 4)	5				
6. ERZ credit available for carry forward (Line 1 plus 2 less Line 5)	6				

APPLICATION OF CREDITS TO BET AND BPT

E. CDFA - New Investment Tax Credit (ITC)

		Round to the nearest whole dollar			
1. ITC Credit Available	1				
2. Carryover credit from a prior year, use earliest year first	2				
3. Amount used for BPT	3				



New Hampshire
Department of
Revenue Administration

2018
DP-160



SCHEDULE OF CREDITS - continued

Business Organization Name

ZZZZ LLC

Taxpayer Identification #

N L 0 0 9 9 9 9

APPLICATION OF CREDITS TO BET AND BPT (continued)

E. CDFA - New Investment Tax Credit (ITC) - continued

Round to the nearest whole dollar

4. Amount used for BET	4								
5. Amount used for Insurance Premium Tax	5								
6. Total credit used this year (Sum Lines 3, 4 and 5)	6								
7. ITC available for carry forward (Sum Lines 1 and 2, less Line 6)	7								

F. Coos County Tax Credit

Round to the nearest whole dollar

1. Coos County Tax Credit available	1					1	9	5	0
2. Carryover credit from prior year, use earliest year first	2								
3. Amount applied against the BET	3					1	9	5	0
4. Unused credit applied to the BPT	4								0
5. Total credit used this year (Sum Line 3 and 4)	5					1	9	5	0
6. Any unused credit must be carried forward as a priority to other credits (Sum Lines 1 and 2 less Line 5)	6								0

G. Education Tax Credit

Round to the nearest whole dollar

1. Education Tax Credit available	1					8	5	5	0
2. Amount used for BPT	2					4	7	2	2
3. Amount used for BET	3					3	8	2	8
4. Amount used for New Hampshire Interest and Dividends Tax	4								
5. Total credit used this year (Sum Lines 2 through 4)	5					8	5	5	0
6. Education Tax Credit available for carry forward (Line 1 minus Line 5)	6								

H. Insurance Premium Tax Credit

Round to the nearest whole dollar

1. Insurance Credit available	1								
This is a Net Amount if BET was taken as a credit against the Insurance Premium Tax									
2. Amount used for BPT	2								